PTO/SB/47 (04-05)

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Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).		
PATENT NUMBER		APPLICATION NUMBER
(i. ii.om)		10/064,856
Completed by (check one):		
Applicant/Inventor		Oc/Lach-2 Signature
✓ Attorney or Agent of record	34.414 (Reg. No.)	Christopher J. Reckamp Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3.71. 312-609-7500 Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number (Form PTO/SB/96)		
Assignee recorded at Reel	Frame	May 15, 2006
		Date
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.		
Total of 1	forms are submitted.	

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT) or process) an application Confidentiality is governed by 58 U.S. 0.122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 misterial to complete, including gathering, preparing, and submitting the completed application form to the USPTC. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Cffice. In Patient and Trademan Cffice. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA. 2231-1450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stopp M Correspondence, Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 2231-1450.